2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # P98000066251

1. Entity Name
SUMMERLIN PARK INVESTMENTS, INC.

Principal Place of Business
997 N COLLIER BLVD
SUITE G
MARCO ISLAND, FL 34145

Mailing Address
997 N COLLIER BLVD
SUITE G
MARCO ISLAND, FL 34145

04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3524330 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REINDERS, JAMES M
997 N COLLIER BLVD
SUITE G
MARCO ISLAND, FL 34145

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	REINDERS, JAMES A
STREET ADDRESS	997 N COLLIER BLVD, SUITE G
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	DVS
NAME	BAILEY, CHARLES F
STREET ADDRESS	997 N COLLIER BLVD, SUITE G
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	DST
NAME	SNYDER, WILLIAM F
STREET ADDRESS	997 N COLLIER BLVD, SUITE G
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WF SNYDER VP 4/4/07 239 894 2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #